



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

JAMES E. RISCH – Governor  
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: [fsb@idhw.state.id.us](mailto:fsb@idhw.state.id.us)

December 11, 2006

Michelle Anderson, Administrator  
Rosetta Assisted Living-Lomax II  
1970 East 17th Street #103  
Idaho Falls, ID 83404

License #: RC-760

Dear Ms. Anderson:

On November 8, 2006, a life safety code survey was conducted at Rosetta Assisted Living - Lomax II. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Chris Laumann, Health Facility Surveyor, Facility Fire, Life Safety, and Construction Program, at (208) 334-6626.

Sincerely,

CHRIS LAUMANN  
Team Leader  
Health Facility Surveyor  
Facility Fire Safety & Construction Program

CL/slc

c: Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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November 15, 2006

FILE COPY

Michelle Anderson, Administrator  
Rosetta Assisted Living - Lomax II  
1970 East 17th Street #103  
Idaho Falls, ID 83404

Dear Ms. Anderson:

On November 8, 2006, a life safety code survey was conducted at Rosetta Assisted Living - Lomax II. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by December 8, 2006.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK GRIMES  
Supervisor  
Facility Fire Safety & Construction Program

MG/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R760</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - ENTIRE BUILDING</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/08/2006</b>
NAME OF PROVIDER OR SUPPLIER  <b>ROSETTA ASSISTED LIVING - LOMAX II</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>757 LOMAX ST IDAHO FALLS, ID 83401</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on November 8, 2006.</p> <p>The surveyor conducting the survey was:</p> <p>Chris Laumann Health Facility Surveyor Facility Fire safety &amp; Construction</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

HUFY21

If continuation sheet 1 of 1



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**P.O. Box 83720**  
**Boise, ID 83720-0036**  
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## ASSISTED LIVING

### Non-Core Issues

### Punch List

Facility Name Lomax II	Physical Address 755 Lomax	Phone Number (208) 552-2860
Administrator Michelle Anderson.	City Idaho Falls.	ZIP Code 83401
Survey Team Leader Chris Laumann	Survey Type Fire Life Safety	Survey Date 11/8/06

[illegible]

Response Required Date

Signature of Facility Representative

12/8/06

11-20-68